

US Sports Programs

Check out the programs at <https://usasportgroup.com>

- ☐ **Total Play Multi-Sports:**
July 20th - 24th, 2015 (M-F)
• Memorial Middle School
• Ages 7-12
• *Lunch is not provided
- or ☐ August 10th - 14th, 2015 (M-F)
- ☐ **Full Day:**
9:00am to 3:00pm
Cost = \$150.00/week
- ☐ **Half Day:**
9:00am to 12:30pm
Cost = \$130.00/week

- ☐ **Total Sports Squirts:**
July 20th - 24th, 2015 (M-F)
• Coolidge Park
• 3:30pm to 4:30pm
• Ages 3-5 (must be potty trained)
• Cost = \$70.00
- or ☐ August 10th - 14th, 2015 (M-F)

Equipment is provided for the week - no additional cost

Parent's Name: _____

Child's Name: _____

Address: _____

City: _____

Phone: _____

Email: _____

Age: _____ Birth Date: ____/____/____

Register and Pay online at <https://usasportgroup.com>

OR

- +Register through the Recreation Department.
- +Payment is due at the time of registration. If you need to arrange a payment plan, please speak directly with the Recreation Director only.
- +Please fill out and sign both sides of this form and return with payment.

Checks are made out to **Fitchburg Recreation Department**

Please mail to:

Fitchburg Recreation Department
301 Broad Street
Fitchburg, MA 01420



If you have any further questions contact the Fitchburg Recreation Department
(978) 829-1815 phone (978) 345-9687 fax

US Sports Programs



Please Register for July Programs before June 30th, 2015
Limited number of spots – Sign Up Today
Please Register for August Programs before July 30th, 2015

Liability Waiver:

Please accept the named person on this form for participation in the named event. I am aware of the risks inherent with this activity, and release US Sport Institute and the Fitchburg Recreation Department of any and all liability.

I have aware of the risks in the nature of the planned activities and verify that the participant is of sufficient age, ability, and discretion to participate.

I also agree that the participant is at the discretion of the City of Fitchburg Recreation Department; violation of code of conduct could result in removal from the current program without refund.

Parent or Guardian Name (Print) _____

Parent or Guardian Signature _____

Date: _____

FOR OFFICIAL USE ONLY:

Fee: Paid \$ _____

Payment Plan _____

Date: ____/____/2015

Check #: ____/ CASH